

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/31/2012	
NAME OF PROVIDER OR SUPPLIER MADISON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7465 MADISON AVE INDIANAPOLIS, IN 46227			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: August 27, 28, 29, 30, 31, 2012.</p> <p>Facility number: 012225 Provider number: 155780 AIM number: 200983560</p> <p>Survey Team: Courtney Mujic, RN- TC Karina Gates, Medical Surveyor Beth Walsh, RN</p> <p>Census Bed Type: SNF: 12 SNF/NF: 48 Total: 60</p> <p>Census Payor Type: Medicare: 10 Medicaid: 34 Other: 16 Total: 60</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on September 9, 2012 by Bev Faulkner, RN</p>		F0000	<p>This plan of correction is to serve as Madison Health Care Centers' credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Madison Health Care Center or its' management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. We are in full compliance as of 09/30/2012 and respectfully REQUEST PAPER COMPLIANCE.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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OMB NO. 0938-0391

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F0156 SS=A	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>						

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to ensure Medicare beneficiary residents were issued appeal notices timely and notified of the potential liability amount for non-covered stay in the facility. This affected 2 of 3 Medicare beneficiaries who were reviewed for appropriate liability and appeal notices. (Residents #113 and #73)</p> <p>Findings include:</p> <p>The liability and appeal notices for Residents #113 and #73 were reviewed on 8/30/12 at 11:30 a.m.</p> <p>The notice for Resident #113 indicated, "The Effective Date Coverage of Your Current Skilled Nursing Services Will End: 3/29/12." The notice included the signature of</p>			F0156	<p>F156 483.10(b)(5)-(10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES It is the practice of Madison Health Care Center to provide Medicare beneficiary residents appeal notices timely including the potential liability amount for the non-covered stay.I. Resident #113 and #73 no longer reside in the facility.II. The facility realizes other residents on Medicare have the potential to be affected.III. The Social Services Director and the Business Office Manager have been re-educated on the provision of the non-covered letter to include the potential liability amount on the notification and to provide the notification within 48 hours. This will be monitored through our quality improvement program as indicated below. IV. The Administrator or her designee will review all non-covered appeal</p>		09/30/2012

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	<p>Resident #113, dated 3/29/12. No liability amount was included in the notice.</p> <p>The notice for Resident #73 indicated, "The effective date coverage of your current skilled nursing services will end: 4/6/12," The notice included the signature of Resident #73 dated 4/5/12. No liability amount was included in the notice.</p> <p>An interview was conducted with the Social Services Director on 8/30/12 at 1:30 p.m. She indicated she did not know about the 2 day notice requirement at the time the above 2 notices were issued or about putting a liability amount on the notice. She indicated she was having them sign the notice on their way out the door.</p> <p>3.1-4(f)(3)</p>				<p>notices to ensure the notice was provided timely and includes the potential liability amount.</p>		

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F0241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, interview, and record review, the facility failed to enhance a resident's dignity by not keeping a urine collection bag covered for 1 of 3 residents reviewed for urinary catheter use (Resident #51).</p> <p>Findings include:</p> <p>The clinical record for Resident #51 was reviewed on 8/30/12 at 10:30 a.m. The diagnoses for Resident #51 included, but were not limited to: urinary retention, benign prostatic hyperplasia, and neurogenic bladder.</p> <p>During an observation on 8/28/12 at 3:04 p.m., Resident #51's urinary catheter bag was noted to be uncovered and in plain view.</p> <p>On 8/29/12 at 11:45 a.m. and 1:35 p.m., Resident #51's urinary catheter bag was observed uncovered and in plain view.</p> <p>The DoN (Director of Nursing)</p>		F0241	<p>F241 483.15(a) DIGNITY It is the practice of Madison Health Care Center to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. I. Resident #51's catheter bag was covered during the survey. II All residents with indwelling catheters have the potential to be affected. This is being addressed by the systems described below. III. Nursing personnel have been re-educated on the importance of using catheter bag covers to preserve resident dignity. This is being monitored through our quality improvement program. IV The Director of Nursing or her designee is completing a quality improvement audit of catheter bag covers. All residents will be monitored weekly for 30 days; then every other week for 30 days; then monthly thereafter to ensure the dignity bag is in place. Results of all audits are being discussed monthly at the quality assurance meeting for additional recommendations as necessary.</p>		09/30/2012	

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	<p>indicated on 8/30/12 at 2:40 p.m., all residents that have a urinary catheter should have their urine collection bag covered to enhance resident's dignity.</p> <p>3.1-3(t)</p>						

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident had a care plan addressing dental status for 1 of 3 residents reviewed in a sample of 3 for dental status and services and another resident had a care plan addressing antipsychotic medication use for 1 of 10 residents reviewed in a sample of 10 for unnecessary medication use. Residents #32 and 69.</p> <p>Findings include:</p>		F0279	<p>F279 483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS It is the practice of Madison Health Care Center to review and revise the resident's comprehensive care plan. I. As indicated in the survey report, Resident #32 does not have her upper dentures with her in the facility. She refused the facility's request to have her responsible party bring her dentures to the facility. Her care plan was updated during the survey. Resident #69's care plan has been updated to include the use of the psychotropic medication. II. Residents with dentures and</p>		09/30/2012	

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	<p>1. The clinical record for Resident #32 was reviewed on 8/29/12 at 11:00 a.m.</p> <p>The diagnoses for Resident #32 included, but were not limited to: Gastroesophageal Reflux Disease and Anemia.</p> <p>During an interview with Resident #32 on 8/28/12 at 11:25 a.m., she indicated her top dentures did not fit, and she did not wear them because they didn't stay in her mouth. She indicated she had problems eating in that it was hard for her to chew certain foods. She also indicated she did not even have her top dentures with her at the facility</p> <p>On 8/28/12 at 11:29 a.m., Resident #32 was observed with no top dentures in her mouth and no top teeth.</p> <p>No care plan could be found in the medical record that addressed Resident #32's above dental condition.</p> <p>During an interview with the DON (Director of Nursing) on 8/31/12 at 11:46 a.m., she indicated she expected there to be a care plan for</p>				<p>those who utilize psychotropic medications have the potential to be affected. An oral assessment was completed on all residents to further identify any other residents with missing teeth or dentures. Care plans were updated accordingly. Residents who use psychotropic medications have been reviewed and the care plan has been updated where necessary. III. Licensed nurses were re-educated regarding the importance of completing an accurate oral assessment. A new oral assessment tool was implemented to further aid in this process. Licensed nurses were educated on the use of this assessment form. Licensed nurses and Social Service personnel were re-educated on the importance of providing a plan of care for residents who receive psychotropic medications. IV. The Director of Nursing or her designee is completing quality improvement audits. A random sample of 10% of resident care plans will be reviewed to ensure that dental status and psychotropic medications are addressed appropriately. Quality improvement audits will be completed weekly for 30 days; then every other week for 30 days; then monthly thereafter. Results of all audits are being discussed monthly at the quality assurance meeting for additional recommendations as necessary.</p>		

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	<p>Resident #32 having no top dentures with her as well as no top teeth, by either nutrition or by nursing.</p> <p>2. The clinical record for Resident #69 was reviewed on 8/30/12 at 2:00 p.m.</p> <p>The diagnoses for Resident #69 included, but were not limited to: altered mental status and dementia with behavioral disturbances.</p> <p>The August, 2012 physician's recapitulation order indicated Resident #69 was to receive Risperdal (an antipsychotic medication) 0.25 mg by mouth daily with dinner. The August, 2012 MAR (Medication Administration Record) indicated Risperdal was given to Resident #69 daily from 8/2/12 through 8/4/12 and daily from 8/16/12 through 8/27/12.</p> <p>No care plan could be found in the medical record that addressed Resident #69's antipsychotic medication use of Risperdal.</p> <p>During an interview with the DON on 8/31/12 at 1:27 p.m., she indicated, "We have a bit of a disconnect. We need to make sure behaviors and meds (medications) go together when</p>						

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	<p>we care plan...Social Services is not looking at meds at all in their care plans. We'll probably look at revamping that."</p> <p>3.1-35(a)(1)</p>						

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F0280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to update a resident's anxiety care plan to include refusal of non-medicinal interventions for 1 of 10 residents reviewed in a sample of 10 for unnecessary medication use. Resident #110.</p> <p>Findings include:</p> <p>The clinical record for Resident #110 was reviewed on 8/31/12 at 11:00 a.m.</p> <p>The diagnoses for Resident #110 included, but were not limited to: anxiety.</p>		F0280	<p>F280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CARE PLAN It is the practice of Madison Health Care Center to develop a comprehensive care plan within 7 days after completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse, and other appropriate staff in disciplines as determined by the resident's needs, and to the extent practicable, the participation of the resident, the resident's family or legal representative; and periodically reviewed and revised by a team of qualified persons</p>		09/30/2012	

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	<p>The August, 2012 MAR (medication administration record) indicated Resident #110 was given PRN (as needed) Xanax (anxiety medication) on 8/18/12, 8/22/12, and 8/26/12.</p> <p>No information could be found in the clinical record to indicate any non-medicinal interventions were attempted prior to giving the PRN anxiety medication on the above three dates.</p> <p>During an interview with the ADON (Assistant Director of Nursing) on 8/31/12 at 3:45 p.m., she indicated there was no verification of any interventions attempted prior to administering the PRN anxiety medication on the above three dates. She indicated Resident #110 refused any other interventions prior to administering her PRN anxiety medication because the medication was "all she wants."</p> <p>Review of the 8/24/12 anxiety care plan for Resident #110 did not address her refusal of non-medicinal interventions.</p> <p>During an interview with the Social Services Director on 8/31/12 at 3:48 p.m., she indicated she was unaware</p>				<p>after each assessment. I. Resident #110's care plan has been updated to include refusal of non-drug behavior interventions. II. The facility realizes residents who receive PRN psychoactive medications have the potential to be affected. The care plans for these residents have been reviewed and updated where necessary. III. Licensed nurses and Social Service personnel have been re-educated regarding the importance of care planning a resident's refusal of non-drug behavior interventions. This is being monitored through our quality improvement program. IV. The Director of Nursing or her designee is completing quality improvement audits. A random sample of 10% of resident records are being audited to ensure that non-drug interventions are attempted prior to utilizing PRN psychotropic medications; and that any refusal of non-drug methods are documented as part of the resident's plan of care. These audits are being completed weekly for 30 days; then every other week for 30 days; then monthly thereafter. Results of all audits are being discussed monthly at the quality assurance meeting for additional recommendations as necessary.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155780		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 08/31/2012	
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	<p>that Resident #110 refused non-medicinal interventions so she did not include it in the anxiety care plan. She stated, "No one told me about her refusing non-medicinal interventions before today."</p> <p>3.1-35(d)(2)(B)</p>						

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F0309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview and record review, the facility failed to identify a resident's dental status resulting in delayed dental attention for 2 of 3 residents reviewed in a sample of 3 for dental status and services. (Resident #45) (Resident #136)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #136 was reviewed on 8/29/12 at 1:00 p.m.</p> <p>The diagnoses for Resident #136 included, but were not limited to: hypertension and hyperlipidemia.</p> <p>During an interview with Resident #136 on 8/29/12 at 11:37 a.m., she indicated she was missing a front tooth and that she broke it 5 months ago, the day before she was moved from the rehabilitation side of the facility to the long term care side of</p>			F0309	<p>F309 483.25 PROVIDE CARE SERVICES FOR HIGHEST WELL BEING It is the practice of Madison Health Care Center to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. I. Resident #136 has been assessed by the dental provider for replacement of the partial plate. Resident #45 has had a new oral assessment completed. The care plan and MDS were updated. II. An oral assessment was completed on all residents to further identify any other residents with missing teeth or dentures. Care plans were updated accordingly. Oral assessments and care plans will be reviewed and updated quarterly and with significant changes. III. The facility conducted an inservice for licensed nurses regarding the importance of completing an accurate oral assessment. A new oral assessment tool was implemented to further aid in this</p>		09/30/2012

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	<p>the facility. At this time, Resident #136 was observed to have a top front tooth missing. She indicated it was "unsightly".</p> <p>During an interview with the Social Services Director on 8/30/12 at 3:35 p.m., she indicated she spoke with Resident #136 and was told by Resident #136 that she broke her partial on 4/11/12. "She never told anyone. We rely on nursing staff to tell us since we don't see them everyday. Nursing should point out things like that."</p> <p>An interview was conducted with the DON (Director of Nursing) on 8/31/12 at 10:38 a.m., regarding the Social Services Director's above statement that "Nursing should point out things like that." The DON indicated, "There is an assessment, quarterly, that asks, "Does resident have missing or broken teeth?" I'll go look and see what the last quarterly nursing assessment says."</p> <p>During another interview with the DON on 8/31/12 at 11:27 a.m., she clarified that Resident #136 had a top partial plate of just the one tooth and the rest of her top and bottom teeth were her natural teeth. She clarified that the top partial plate had been in</p>		<p>process. Licensed nurses were educated on the use of this new assessment form. IV. The Director of Nursing or her designee is completing quality improvement audits. A random sample of 10% of residents will be reviewed to ensure that dental status has been assessed accurately. Quality improvement audits will be completed weekly for 30 days; then every other week for 30 days; then monthly thereafter. Results of all audits are being discussed monthly at the quality assurance meeting for additional recommendations as necessary.</p>				

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	<p>the resident's drawer the whole time and neither she nor staff were aware of its location. The top partial plate was broken in that the framework was bent so it no longer fit Resident #136. She clarified that the top tooth on the partial was in tact. She indicated, "Clearly, we have a learning curve here. We cover assessments in training. I spoke with (name of nurse responsible for training). Her bottom teeth are her own. Her upper teeth... She has a partial of just the one missing tooth. Her partial has been in the drawer this whole time. She doesn't want to wear it. It doesn't fit. We put them in and the one side is hard to get up. They don't fit. On admission, family checked dental services upon request. The 8/23/12 assessment...It looks like she (nurse who completed assessment) marked upper and then marked lower and a partial, but nothing about natural or missing. We will review how to do oral assessments. (Name of MDS Coordinator) looked in the drawer this morning and found the partial in the drawer. I need to find out if there's a disconnect between sides of the building. Until this morning, we didn't know the partial has been in the drawer this whole time, because she never asked for it. We'll definitely pursue the dentist." When informed</p>						

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	<p>Resident #136 referred to her missing tooth as "unsightly", the DON indicated, "Maybe that's why she's not coming out of her room." She indicated it was not even an option for Resident #136 to wear her partial right now since it didn't fit. She indicated she had no idea how long the partial hadn't fit her. She stated, "I don't know if I would have expected nursing to recognize the missing tooth. I think if she had been on this side to begin with, we would have recognized this to begin with. I don't know if her partial ever fit."</p> <p>During another interview with the DON on 8/31/12 at 1:28 p.m., she stated, "The dentist did come in, and he looked at (name of Resident #136).</p> <p>Review of the 8/31/12 dental note for Resident #136 indicated, "Dropped RPD (right partial denture) frame work bent, can't be fixed must be remade."</p> <p>2. The clinical record for Resident #45 was reviewed on 8/30/12 at 11:00 a.m. The diagnoses for Resident #45 included, but were not limited to: hypertension, chronic renal insufficiency, depression, and</p>						

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	<p>anemia.</p> <p>An Admission Nursing Assessment, dated 9/1/11, only indicated Resident #45 had missing teeth, no natural or broken teeth were indicated in the assessment.</p> <p>Another Admission Nursing Assessment, dated 10/17/11, indicated Resident #45 had natural teeth, no missing or broken teeth were indicated in the assessment .</p> <p>A Quarterly Nursing Assessment, dated 7/11/12, indicated Resident #45 had natural, missing, and broken teeth.</p> <p>The Significant Change MDS (Minimum Data Set) assessments, dated 7/12/12 and 8/24/12, indicated Resident #45 did not have any broken or missing teeth.</p> <p>On 8/31/12 at 1:30 p.m., the DoN (Director of Nursing) indicated the facility had just identified, during the survey, that there were issues with dental assessments and services. When the dental services and assessment issues were identified, the facility had decided to initiate routine dental services, instead of waiting for residents to request dental</p>						

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	<p>services, which was the facility's past practice. She also indicated the facility was going to have someone come in and educate staff on dental assessments, since the staff had inconsistent dental assessments. The DoN also indicated that if a Quarterly Nursing Assessment indicated there were missing or broken teeth in a resident's mouth, that issue should've been brought up to the appropriate staff member so a dental appointment can be made. The DoN indicated the results from the Quarterly Nursing Assessment, for Resident #45, was not brought to the attention of the appropriate staff for follow up.</p> <p>In an interview with MDS Coordinator #2 on 8/31/12 at 2:00 p.m., she indicated she did an oral assessment for the 8/24/12 MDS, for Resident #45, and there were no broken teeth. MDS Coordinator #2 indicated the 7/11/12 Quarterly Nursing Assessment was not done appropriately. She also indicated that she uses the Quarterly Nursing Assessments to code the MDS, but was just instructed by the DoN (Director of Nursing) that day to not use the Quarterly Nursing Assessment when coding the MDS until further notice.</p>						

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	<p>At 2:10 p.m., on 8/31/12, the DoN indicated Resident #45 had not had dental services since she was admitted to the facility and Resident #45 will be on the top of list when the dentist comes in.</p> <p>3.1-37(a)</p>						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure potentially hazardous materials were locked up with the potential to affect 1 of 17 residents residing near the beauty shop, during a random observation (Resident #69).</p> <p>Findings include:</p> <p>During the initial tour of the facility, on 8/27/12 at 6:20 p.m., the door to the beauty shop was unlocked and open. The light was on in the beauty shop. There was no staff in the vicinity of the beauty shop. The beauty shop door was still unlocked and open at 6:45 p.m., on 8/27/12, with no staff in the vicinity of the beauty shop. A cabinet was unlocked and L'Oreal Superior Preference Complete Color System (hair dye), Revlon Colorsilk Developer (hair dye), Clariol Natural Instincts (hair dye), Waving Lotion (permanent solution), and hydrogen peroxide were within reach and accessible.</p>		F0323	<p>F323 483.25(h) ACCIDENTS It is the practice of Madison Health Care Center to ensure that the resident's environment remains as free from accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. I. The beauty shop was secured immediately during survey. II. All residents have the potential to be affected. This is being addressed by the systems described below. III. Facility personnel have been re-educated regarding the importance of securing all hazardous chemicals including keeping the chemicals in the beauty shop locked when unattended. This re-education also included the beautician. This is being monitored through our quality improvement program. IV. The Administrator or her designee is completing quality improvements audits of the beauty shop to ensure chemicals are secured when unattended. This will be monitored at random times throughout the day on a weekly basis for 30 days; then every other week for 30 days; then monthly thereafter. Results of all audits are being discussed</p>		09/30/2012	

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	<p>In a interview with RN #1 on 8/27/12 at 6:50 p.m., she indicated that she knew they (the facility) was in trouble for the beauty shop and she agreed that the beauty shop should've been locked.</p> <p>At 7:55 p.m., on 8/27/12, the DoN (Director of Nursing) indicated that the beauty shop door wasn't always locked, if all the cabinets with products were locked up. She also indicated that if the cabinets with products inside weren't locked, the beauty shop door should've been closed and locked.</p> <p>The following Material Safety Data Sheet (MSDS) were provided by the DoN on 8/28/12 at 10:15 a.m. The MSDS for L'Oreal Semi-Permanent and Permanent Hair Dyes, dated 12/18/03, indicated the solution was harmful, if swallowed, inhaled, or absorbed through skin. The MSDS for Revlon Colorsilk Creme Developer, dated 7/26/05, and Clairol Creme Color, dated 7/9/06, indicated it was a skin/throat irritant and may cause eye/skin damage. The Waving Lotion MSDS, dated 2/20/03, indicated it was very toxic, if ingested. The MSDS for hydrogen peroxide, dated 11/1/10, indicated it was</p>				monthly at the quality assurance meeting for additional recommendations as necessary.		

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	<p>hazardous in case of contact with eyes, skin, ingestion, or inhaled.</p> <p>A list of BIMS (Brief Interview of Mental Status) and mobility for residents residing on the 100 and 400 hall was provided by the DoN on 8/28/12 at 10:15 a.m. The list indicated that Resident #69 had a BIMS of 3 (indicative of severe cognitive impairment) and was independently mobile.</p> <p>The DoN indicated on 8/28/12 at 10:20 a.m., maintenance staff was replacing the beauty shop door with one that automatically locks and shut on its own. She also indicated maintenance is replacing the cabinet locks. The DoN indicated the Night Nurses were supposed to discourage anyone from going down the beauty shop hallway at night.</p> <p>3.1-45(a)(1)</p>						